



City Clerk's Office
300 W. Ash, Rm. 206
P.O. Box 736
Salina, KS 67402-0736
(785) 309-5735

For office use only:

Licensing Year: _____
License
No.: _____

APPLICATION FOR TAXI CAB COMPANY LICENSE

Name of Company _____

Business Address _____

Equipment & Storage Location, if different _____

Business Owner(s) _____

Address _____ Phone _____

Manager, if different _____

Address _____ Phone _____

Vehicles to be operated as taxi cabs:

<u>YEAR</u>	<u>MAKE</u>	<u>TYPE</u>	<u>MODEL</u>	<u>SERIAL NO.</u>	<u>KS TAG NO.</u>	<u>CAB NO.</u>

The following must be with this application:

- 1. Inspection form for each vehicle listed above.
- 2. A copy of the title for each vehicle listed above.
- 3. Proof of insurance showing coverage of each vehicle listed above.
- 4. Appropriate license fee (\$36.00 plus \$15.50 for each cab).
- 5. Schedule of rates charged by company.

Any vehicles put into service after approval of this application must be inspected, registered with this office and approval to operate given prior to use.

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date _____ Signature _____

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Amount Paid \$_____ Date _____ Receipt No. _____ Received by _____

This is to certify that the above described property is zoned _____ and does/does not comply with the provisions of the zoning regulations of the City of Salina for the proposed use. Approved/Disapproved.

Approved/Disapproved

Date _____ City Clerk _____

11-1-08

TAXI